

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FRED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1	1						51												
2		1					52												
3		2					53												
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48		2					98												
49		2					99												
50		2					100												
TOTAL IND.	1						TOTAL IND.												
TOTAL DEP.		44					TOTAL DEP.												
TOTAL CLAIMS		45					TOTAL CLAIMS												